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The FANTASTIC editor of the OAA Newsletter was after me to write my next article. The issue was I was so busy that I was not able to think about what to write about and it was stressing me out because the deadline was coming closer...and closer...and closer.

Then it hit me...stress....write about stress.

We have already had a few agency staff call the OAA not happy that we have a contractors meeting in October, several RFPs in process, site visits to be conducted, mid-year reports, etc. My internal thought was...we have the same stress...we have to organize the contractors' meeting, we had to write, edit and evaluate the RFPs, we also have to be a part of the site visits and read through the mid-year reports...stress is what keep us young...*I think.*

Working in the field of HIV can be very rewarding, but can also be VERY STRESSFUL. I have been working in this field for over 20 years and the below are just a few of the things that I do to manage my stress:

1. VENT...with my partner, family, friends, co-worker, colleagues and my manager.\*
2. EXERCISE...though I am not great with this being a routine activity; I do love swimming and have

- been in the pool now for over 6 months.
3. SLEEP...on the weekends I try to take at least one nap and during the week go to bed and rise at the same time.
  4. NUTRITION...my nutrition is ok (Pam Casey may argue me on this); my partner cooks great meals that are low-fat and I keep my snacking to a minimum...*for the most part*.
  5. SPIRIT...for me this would be attending my church and quiet prayer time whenever I think of it.
  6. FUN...this is accomplished by relatively two new activities. The first is, I started riding a motorcycle over a year ago and LOVE it. For those that are curious...I finally told Mother Waltrip and she was not upset; never underestimate your mother. The second is *newish*; I just joined the Oakland/ East Bay Gay Men's Chorus.
  7. PETS...I have two boxers that just bring me so much joy. I love to snuggle with them, talk with them and I have been making it a routine lately that my partner and I walk them together at least once a day...gives us time to talk with each other.

\* I want to go back to #1 and highlight support from co-workers. There was an incident when I worked at a clinic in Chicago in my late 20s; obviously many years ago, that has stayed with me. I was swamped with HIV test results after a large testing event and one of the research staff came down to assist me. He asked me a simple question and I just snapped at him. He put down the HIV testing folder and walked away. Once I was caught up, the medical receptionist was glaring at me and stated....you know you need to do something and I said I'm on my way to the research department. I went to my co-worker to talk with and *apologize* for my behavior. He thanked me and said we all have bad days and then we ended with a hug. The next day I was swamped again and guess who the first person to help me; the same person from research. I learned an important lesson that day. Vent/snap with co-workers and if at fault...acknowledge and apologize. From that day on we became support partners for each other; between us, trust and respect had been confirmed.

Here at the OAA, my team will often come into my office, close the door and vent. Of course I let them vent away. After they are done, I try to ask what I can do and the common response back is nothing. They feel better by just having the ear of their manager knowing they will not be in trouble for venting. Trust and respect confirmed.

My manager has done AMAZINGLY well helping me with my stress/venting. Over the summer months when several reports are due to HRSA, I come in on Saturdays to get them done. He insists if I do this to leave early on Fridays and he will keep an eye on this. He also lets me vent and I know I can do this without fear of being reprimanded. Trust and respect confirmed.

Recently even a few agency staff and managers have called me to vent. Trust and respect confirmed.

Working in the field of HIV can be stressful, but one of the reasons I took this job was to return to HIV. My last job was not in HIV and my work spirit was not being fed. Coming to work for the OAA, my work spirit has been revitalized. I often hear from agency managers or staff; I would never want your job. Yes it has been hard at times. Not every agency is happy with the increase contract oversight or with the changes implemented this past year; some say we are move too fast, while others say we do things too slow; and some say we may be favoring an agency, while that some agency says we are targeting them. This is when words of support from my manager come into my head; and I stay focused and true to whom I am. I am confident the OAA is moving in the right direction and that we are working to ensure our system of care improves. Our State and Federal funders have noticed the improvements that are coming out of Alameda County. This requires a THANK YOU...the majority of our agencies have also been working hard to ensure we succeed as a community!

If you were to do my 7 items, does that mean your stress would go away; of course not. But what are your 7 items...or 3 or 12? Each person is different, just have your items and share them with others so they can support and follow-up with you.



## **WORLD and AHF Join Forces for Improved Delivery of HIV Services for Women in Alameda County**

Recently, the Oakland-based community service organization Women Organized to Respond to Life-threatening Diseases (WORLD) announced that it would be uniting with global public health organization AIDS Healthcare Foundation (AHF) in order to expand the Oakland nonprofit's capacity to provide lifesaving service to women, girls, families and communities affected by HIV in the Greater Bay Area.

"This is an amazing opportunity for two organizations to join forces and expand on the incredible work we already do," said Dale R. Gluth, AHF's Bay Area Regional Director. "Having worked with WORLD closely for many years, I know they play a pivotal role in addressing this epidemic. WORLD brings a very necessary skill set and knowledge base to our collective table, and this affiliation will allow both AHF and WORLD to reach more people in need of our services."

Both organizations serve HIV-positive clients with a wide variety of free services. AHF is a global organization that provides cutting-edge medicine and advocacy to more than 315,000 people in 34 countries. It is the largest provider of HIV/AIDS medical care in the United States. WORLD is an organization with more than two decades of support and advocacy for HIV-positive women - and women at risk for HIV/AIDS. A small agency with a big impact, WORLD provides direct social services including psychosocial support, to over 300 HIV positive women and their families in Oakland and reaches thousands more through the Greater Bay Area by providing HIV/AIDS and STD education/ prevention, linkage to care, research and advocacy.

"It is thrilling to unveil the opportunities this partnership has made possible for the Oakland community," said Cynthia Carey-Grant, Executive Director of WORLD. "We have been working closely with AHF to ensure that this unity will allow us to further expand our support network for marginalized women who are living with or at risk for HIV/AIDS and AHF will also be able to reach a wider population of people needing care. Together we will work to make sure those who need care receive it and continue to advocate on behalf of all people affected by HIV/AIDS."

"The Board of Directors of AHF is ecstatic about the new partnership that has been established with WORLD," said AHF Board of Directors Member Cynthia Davis. "I have been aware of WORLD's advocacy, community outreach, primary prevention/risk reduction, harm reduction, and policy initiatives since its inception. Los Angeles HIV/AIDS activist Mary Lucy introduced me to WORLD many years ago when it sponsored an annual retreat for Women Living With HIV/AIDS. I also subscribed to its monthly newsletter for years, which kept me abreast of issues impacting Women Living with HIV/AIDS on a regional, national and global basis. Thirty-five years into the HIV/AIDS pandemic, AHF and WORLD have

a proven track record for engaging in effective and proactive advocacy for people living with HIV/AIDS. We look forward to working in partnership with WORLD to ensure that all people who are affected by HIV/AIDS, irrespective of ability to pay, have access to quality and comprehensive healthcare and support.”

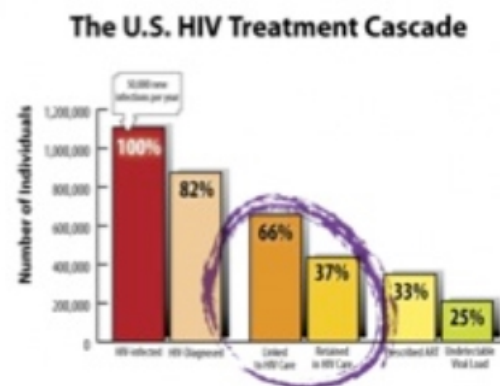
“AHF recognizes the critical nature of supporting clients with local grassroots community based services that are crucial to ensuring better health care outcomes,” said **Michael Weinstein**, President of AIDS Healthcare Foundation. “Nowhere is this more evident than in supporting women living with HIV/AIDS. Many people living with HIV/AIDS, including a significant number of AHF clients, are single mothers and/or the sole income providers for their families. Many are leaders in their local communities who can also help ensure more stability and assist in addressing the needs of others. These women need not only medical care and treatment, but also support as individuals and for their families. One of the most outstanding examples of such a program geared to the needs of women and families affected by HIV/AIDS is the one at WORLD. With this new affiliation and under Cynthia Carey-Grant’s ongoing leadership, we hope we can replicate this model in other key AHF locations and communities.”

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## East Bay HIV Linkage and Retention Group Tackles Getting Our Clients into Care and Keeping them in Care!

By Shailey Klinedinst, MPH  
Cardea Services

HIV prevention is in a period of profound and rapid transition. This transition has been driven by advances in HIV treatment and definitive evidence that antiretroviral therapy (ART) can prevent HIV transmission and acquisition. These advances present the HIV care and prevention community with new opportunities to decrease the occurrence, morbidity and mortality associated with HIV/AIDS. At the same time, there is a widespread realization that prevention efforts to date have been insufficiently effective and that treatment is not currently reaching enough persons living with HIV/AIDS (PLWHA).



The failure to adequately treat the population of PLWHA in the U.S. is dramatically evidenced in the HIV continuum of care (figure 1). Failures at each step along that continuum undermine the goals of the National HIV/AIDS Strategy (NHAS) and the CDC Division of HIV/AIDS Prevention (DHAP) Strategic Plan. Late HIV diagnoses, inadequate linkage and retention in care, and underutilization of ART all result in suboptimal health outcomes for PLWHA and the failure to fully capitalize on the prevention potential of ART (goals 1 and 2 of the NHAS).

To tackle the local challenges of linkage and retention, the East Bay HIV Linkage and Retention Group was started in 2013 in collaboration with Alameda County Office of AIDS, East Bay AIDS Education Training Center and Cardea Services. Dr. Sophy Wong, Medical Director for the East Bay AETC leads the efforts of the group by facilitating training and discussion at these quarterly meetings. The purpose of the group is to improve linkage and retention in care for people living with HIV/AIDS in the East Bay through coordination of services, strengthened networks and shared resources. The group started with 20 participants and has since grown to over 75 with representation for local and state health departments, clinics, testing agencies, case managers, linkage to care staff across Alameda, Contra

Costa and Solano Counties. The meetings are held quarterly at different clinic sites in Alameda County and the host agency provides tours of their facility at the end of the meeting. The next meeting will be on Wednesday, December 10<sup>th</sup>, 2014 from 9am to 12:30pm. To attend these meetings - please email Shailey at [sklinedinst@cardeaservices.org](mailto:sklinedinst@cardeaservices.org)

## Goals of the Group:

- Network, discuss challenges and share resources
- Maintaining an updated HIV care clinic linkage contact list online. To view and edit information for your clinic, go to <http://tinyurl.com/eastbayHIVClinics>
- Support and training on building linkage teams within and between agencies
- Trainings around issues that impact linkage and retention
- Work on a region-wide linkage surveillance system, first within the Alameda/Contra Costa TGA
- Quality Management - Develop a system for notifying project monitors at Office of AIDS of issues with linkage and warm handoff
- Maintain the warm handoff procedure and protocol which was created and agreed upon (see graphic below). Warm-handoff procedures will be escorted, in-person dual-agency transition and communication standards (stating level of urgency and key facts, reasonable turnaround time, letting caller know work is in process)



## Meet Monica Cross

By Pamela Casey

Monica Cross is one of the newest members of the CCPC, but has been an advocate for HIV for about 11 years. Her advocacy work began with the Tidewater AIDS Community Task force (TACT) in and around the Norfolk, Virginia area where she worked with transgender women who were HIV+. She provided HIV/AIDS resources and referrals for testing and treatment services.

She also worked with the local police to increase their sensitivity around HIV/AIDS issues.

Monica grew up in South Central Los Angeles in a close knit family and community. Early in her life, she had thoughts and dreams about who she was, but didn't have the language to describe who she was or how to live it out.

After graduating from college she joined the US Navy, got married and had two children and raised her family in Norfolk, Virginia. It was during her time in the Navy that she began to get deeper in her faith and in her relationship with God. It was her experience of faith that caused her to come out more and more as a transgender woman.

After her work days as a Chief Petty Officer in the Navy ended, Monica would frequent some of the



nightclubs in Norfolk, Hampton and Virginia Beach. Her two *personas* lived in tandem for years, with folks that knew her by day, never knowing the Monica she became at night. She eventually found her way to a church where she could live out her life as a transgender woman and use the gifts and talents put in her by God. Between church, night clubs and the Navy her life was full.

For Monica coming out was a challenging process with significant loss, yet even with the challenges, living truthfully and authentically has been a great reward. She was honorably discharged from military service in 2007, after 22 years of service, and left Virginia for California. Flagstaff, Arizona represented the fork-in-the road and is where she made the decision to go north or south.

After she settled into her new home, she became a minister, received a Master of Divinity degree and a Masters of Religious Leadership in Social Change degree and continues her advocacy in the faith-based community to promote cultural sensitivity around HIV/AIDS and the transgender experience within the religious and non-religious contexts of social change. Monica believes HIV is a community disease. It reaches beyond those that are infected, but affects families and the public's health. It plays no favoritism based on race, sexuality or morality.

Monica is a great person to know and is lovely inside and out. She is friendly, good-natured, and laughs easy. Our community, and more specifically, our Planning Council is really fortunate that Monica chose to drive north from Flagstaff and make her home here in the Bay Area.



## Global Perspectives

Lorenzo Hinojosa  
Program Manager

Alameda County Office of AIDS Administration

Thanks to the UCSF Center for AIDS Prevention Studies (CAPS), I had the honor and opportunity to attend the International AIDS Conference (IAC) in Melbourne Australia in August. Although the experience was very recent and am still digesting much of the information I was exposed to at the conference, I would like to share a few observations.

In our HIV work in Alameda County, we target Men who have Sex with Men (MSMs) for our HIV care and prevention efforts. This is rightfully so, as the epidemiologic data shows this the population group where most of our known and new cases are found. At the IAC, you can see that the worldwide epidemic, and especially so in Sub-Saharan Africa and South East Asia, the virus is predominantly spread through heterosexual sex contact. This transmission is credited largely to sex work. One man from

Uganda pointedly told me that the progress we see in USA means nothing until something is done to effectively affect the epidemic in Africa and Asia.

Consequently, many of the discussion topics were around outreach to sex workers and the elimination of laws that criminalize them and negatively impact the efforts that need to happen in order to work towards eliminating the disease.

This does not mean that work with MSMs was marginalized. Indeed we heard how countries like Uganda, where it is a crime just to be gay, or have sex with another man, not to mention the stigma MSMs face around the world, even here locally.

As I noted, I am not advocating that we change anything we are doing here in Alameda County, or USA as a whole. However, one of my motivations to do this work every day, is to contribute towards the elimination of the virus among all people in the world. It was an honor to meet and talk to people working towards the same goal in ways I never would have imagined.

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## The 20<sup>th</sup> International AIDS Conference; did Lorenzo get there?

By Eva Mourad, MPH

Campaigners of the fight against AIDS have set an ambitious target to ‘end’ the epidemic by 2030. Here, “end” is a flexible term since there is no cure for HIV infection and there doesn’t seem to be one in the near future. What is apparent however, is an optimistic perspective that the combination of resources available today, especially the antiretroviral drugs which are keeping over 13 million people alive, may be enough to stop the virus from spreading. Largely because experts believe each infected person will pass the infection on to less than one person on average during the course of their lifetime. That would be a spectacular achievement considering 15 million people have died of the disease by 2013. This may seem like a tremendous number of persons dying from a preventable disease but it is not nearly as large as 2.5 million in 2005, the peak of the disease. Current efforts to combat and prevent new infection show promise.

Experts of the disease believe the rate of new infections can be minor given the knowledge, resources, and tools currently available. This notion was a major emphasis expressed by those at the 20<sup>th</sup> International AIDS Conference in Melbourne in July. Sorrowfully, however, the Alameda County Office of AIDS Administration was stricken when it learned many on their way to the conference were among the hundreds killed when their plane was shot down. Adding to the crisis, the OAA learned that one of the passengers may be their own staff, Lorenzo Hinojosa. Fortunately for Lorenzo, and to the relief of all his colleagues, he was on another flight and made it to the conference safely. Sadly, however, Joep Lange, a former president of the International AIDS Society, and five other conference delegates were on the plane and among those killed.

Lorenzo Hinojosa was invited to attend the IAC by the UCSF Centers for AIDS Prevention Studies (CAPS); as he serves as the group Chair. He is also a veteran Program Manager with the Alameda County Office of AIDS Administration, devoted to prevention of the disease and institutionalization of HIV testing across health care settings. As the Expanded Testing Project coordinator, he is among those working towards a negligible rate of new infections by 2030.

The conference delegates presented on the many ways available to prevent HIV transmission: drugs, condoms, counseling, post-exposure treatment and pre-exposure prophylaxis (thanks to the discovery of Truvada). Recent studies have shown that drugs like Truvada can reduce the risk of infection by 90%. In fact, the World Health Organization estimates that the use of this drug might avert over one million infections in about 10 years. However, like most HIV drugs, Truvada is expensive (over \$1,000 for a 30 day supply).

The 19th AIDS conference two years ago, hoped for a cure was almost palatable when a baby girl in Mississippi was given antiviral treatment immediately after birth and then interrupted for 18 months when the mother and child moved out of the area. When contact was finally reestablished, the child seemed virus free; cured according to her doctors. But hope for a cure was shattered when in early July, over two years later, her HIV test came back positive. Research studies and public health efforts continue, none the less, to identify good options for effective medicine. Who knows, perhaps we will beat the AIDS epidemic by 2030.

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- The Medical Case Management RFP due date for proposals is this Friday October 17 by 2:00 PM. If you are submitting a proposal, please do not cut it close to the deadline.
- The Alameda County Prevention RFP due date for proposals is on Thursday November 6, 2014 at 2:00 PM.
- Ryan White Part A Site Visits are currently underway with the new Site Visit Tool.
- The Ryan White Part A and B Chart Reviews will start in December 2014 using a revised tool.
- The Chart Reviews will also be asking agencies for feedback regarding the chart review process.
- Ryan White Parts A and B data for calendar 2014 must be entered into ARIES no later than Thursday January 15, 2015.



## OAA Annual World AIDS Day Community Service Awards

December 1, 2014

Lake Chalet

Award nomination and RSVP information to follow soon by email.